

PHA Plans

5 Year Plan for Fiscal Years 2002 - 2006

Annual Plan for Fiscal Year 2002

VERSION 3

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH
INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: Inkster Housing Commission

PHA Number: MI027

PHA Fiscal Year Beginning: (mm/yyyy) 01/2002

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices
- ☐ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

5-YEAR PLAN
PHA FISCAL YEARS 2002 - 2006

[24 CFR Part 903.5]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- ☒ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- ☐ The PHA's mission is: (state mission here)

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS**. (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- ☒ PHA Goal: Expand the supply of assisted housing
Objectives:
- ☒ Apply for additional rental vouchers: (100) Next NOFA
 - ☒ Reduce public housing vacancies: Reduce by 20 units 3rd Quarter and 30 units 4th Quarter
 - ☐ Leverage private or other public funds to create additional housing opportunities:
 - ☐ Acquire or build units or developments
 - ☐ Other (list below)
- ☒ PHA Goal: Improve the quality of assisted housing
Objectives:
- ☒ Improve public housing management: MASS (FY 2000)-22.17;(PHAS) FY2002-70%, FY2003-80%, FY2004-90%, FY2005-90%, FY2006-90%

- ☒ Improve voucher management: (SEMAP score) FY 2000-70%
- ☒ Increase customer satisfaction: This has been addressed in the Resident Survey Follow-up Action Plan
- ☐ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
- ☒ Renovate or modernize public housing units: Please see (5) Year Capital Fund Action Plan
- ☒ Demolish or dispose of obsolete public housing: create off-street parking.
- ☐ Provide replacement public housing:
- ☐ Provide replacement vouchers:
- ☒ Other: (list below) Improve maintenance, marketing and improve curb appeal

- ☒ PHA Goal: Increase assisted housing choices
Objectives:
- ☒ Provide voucher mobility counseling: beginning the 2nd Quarter of 2002
- ☒ Conduct outreach efforts to potential voucher landlords-beginning the 4th Quarter of 2002
- ☒ Increase voucher payment standards
- ☐ Implement voucher homeownership program:
- ☐ Implement public housing or other homeownership programs:
- ☐ Implement public housing site-based waiting lists:
- ☐ Convert public housing to vouchers:
- ☐ Other: (list below)

HUD Strategic Goal: Improve community quality of life and economic vitality

- ☒ PHA Goal: Provide an improved living environment
Objectives:
- ☒ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: Addressed in IHC Admission And Continued Occupancy Policy
- ☒ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: Addressed in IHC Admission And Continued Occupancy Policy
- ☒ Implement public housing security improvements: Upgrade Security Lighting and Unarmed Security Services.

- ☒ Designate developments or buildings for particular resident groups (elderly persons with disability and near elderly) Twin Towers- (MI027-4) is planned for elderly only, application submitted on October 15, 2001
- ☐ Other: (list below)

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

- ☒ PHA Goal: Promote self-sufficiency and asset development of assisted households
Objectives:
 - ☒ Increase the number and percentage of employed persons in assisted families: Emphasize the importance of Section 3 in contracting in the 2nd Quarter of 2002, Income Targeting and adoption of local working preferences.
 - ☐ Provide or attract supportive services to improve assistance recipients' employability:
 - ☒ Provide or attract supportive services to increase independence for the elderly or families with disabilities. Healthcare organization contracted 4th Quarter of 2001.
 - ☐ Other: (list below)

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

- ☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing
Objectives:
 - ☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: Addressed in IHC Admission And Continued Occupancy Policy
 - ☒ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability: Addressed in IHC Admission And Continued Occupancy Policy
 - ☒ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: Addressed in IHC Admission And Continued Occupancy Policy
 - ☐ Other: (list below)

Other PHA Goals and Objectives: (list below)

Annual PHA Plan PHA Fiscal Year 2002

[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

☐ **Standard Plan**

Streamlined Plan:

- ☐ **High Performing PHA**
☐ **Small Agency (<250 Public Housing Units)**
☐ **Administering Section 8 Only**

☒ **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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Capital Fund Budget

FY 2002 Operation Budget-mi027a02

Organization Chart-mi027b02

Certification-mi027c02.1, mi027c02.2 & mi027c02.3

Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment’s name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Required Attachments:

- ☒ Performance & Evaluation (Supporting Tables)(mi027d02)
- ☒ FY 2002 Capital Fund Program Annual Statement(Attachment 1(a)
- ☒ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY) (mi027c02.4)

Optional Attachments:

- ☒ FY 2002 Capital Fund Program 5 Year Action Plan(Attachment 2(a)
- ☒ PHA Management Organizational Chart (mi027b02)
- ☒ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- ☒ Other (List below, providing each attachment name)
Attachment 1(a)-Community Service Requirement &
Economic self-sufficient requirements

Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents,	Annual Plan: Operations and

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
N/A	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
X	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	1,604	5	4	5	5	4	5
Income >30% but <=50% of AMI	2,263	5	2	5	5	3	5
Income >50% but <80% of AMI	559	5	5	5	5	5	5
Elderly	1,029	4	2	3	2	1	1
Families with Disabilities	N/A	5	5	5	5	5	5
Black	2,965	5	5	5	5	5	5
White	1,107	3	2	3	5	3	2
Hispanic	354	5	5	5	5	5	5
Race/Ethnicity							

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

☒ Consolidated Plan of the Jurisdiction/s

- Indicate year: 2000
- ☒ U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- ☐ American Housing Survey data
- Indicate year:
- ☒ Other housing market study
- Indicate year: 2000
- ☐ Other sources: (list and indicate year of information)

B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA’s waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/>	Section 8 tenant-based assistance		
<input type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	283		
Extremely low income <=30% AMI	283		
Very low income (>30% but <=50% AMI)	0		
Low income (>50% but <80% AMI)	0		
Families with children	277	98%	
Elderly families	0		
Families with Disabilities	6	2%	
White	7	2%	

Housing Needs of Families on the Waiting List			
Black	275	98%	
Race/ethnicity	1		
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes: How long has it been closed (# of months)? 5 Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type; (select one) _____ Section 8 tenant-based assistance ___X___ Public Housing _____ Combined Section 8 and Public Housing _____ Public Housing Site-Based on sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting List Total	38		
Extremely Low Income<=30% AMI	31	82%	
Very Low Income (>30% but<=50% AMI)	7	18%	
Low Income (>50% but<80%)	0	0	

AMI)			
Families With Children	26	68%	
Elderly Families	0	0	
Housing Needs of Families on the Waiting List (Continued)			
White	4	11%	
Black	34	89%	
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	12	32%	
2BR	14	37%	
3BR	8	21%	
4BR	2	5%	
5BR	2	5%	
5 + BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes: How long has it been closed (#of months) Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1 Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- ☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☒ Reduce time to renovate public housing units
- ☐ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☐ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☐ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☒ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☒ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☐ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- ☒ Apply for additional section 8 units should they become available
- ☐ Leverage affordable housing resources in the community through the creation of mixed - finance housing
- ☐ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☐ Other: (list below)

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships

- ☒ Adopt rent policies to support and encourage work
☐ Other: (list below)

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI

Select all that apply

- ☒ Employ admissions preferences aimed at families who are working
☒ Adopt rent policies to support and encourage work
☐ Other: (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- ☒ Seek designation of public housing for the elderly
☐ Apply for special-purpose vouchers targeted to the elderly, should they become available
☐ Other: (list below)

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
☒ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
☒ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
☒ Affirmatively market to local non-profit agencies that assist families with disabilities
☐ Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

- ☒ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- ☐ Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- ☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- ☐ Market the section 8 program to owners outside of areas of poverty /minority concentrations
- ☐ Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
- ☒ Staffing constraints
- ☒ Limited availability of sites for assisted housing
- ☐ Extent to which particular housing needs are met by other organizations in the community
- ☐ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☒ Influence of the housing market on PHA programs
- ☒ Community priorities regarding housing assistance
- ☐ Results of consultation with local or state government
- ☒ Results of consultation with residents and the Resident Advisory Board
- ☐ Results of consultation with advocacy groups
- ☐ Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table

assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2002 grants)		
a) Public Housing Operating Fund	2,407,187	
b) Public Housing Capital Fund	1,850,031	
c) HOPE VI Revitalization	N/A	
d) HOPE VI Demolition	N/A	
e) Annual Contributions for Section 8 Tenant-Based Assistance	1,172,709	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	210,803	
g) Resident Opportunity and Self-Sufficiency Grants	N/A	
h) Community Development Block Grant	47,500	Security Lighting Upgrade
i) HOME	N/A	
Other Federal Grants (list below)	N/A	
2. Prior Year Federal Grants (unobligated funds only) (list below)		
99 ROSS	29,459	SR. Services Coord.
98 CGP	40,648	Closed
99 CGP	1,448,253	Closed
2000 PHDEP	196,673	Residents Security
2000 CAPITAL FUND	1,850,031	See Five Yr. Plan
2001 PHDEP	210,803	Residents Security
2001 CAPITAL FUND	1,887,573	See Five Yr. Plan
3. Public Housing Dwelling Rental Income	1,416,00	

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
4. Other income (list below)		
Excess Utilities	8,000	
Other Income	32,700	Tenant Charges
Investment Interest	7,000	
Non dwelling rental	60,000	
4. Non-federal sources (list below)		
Total resources	12,875,370	Prev. stated

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- ☐ When families are within a certain number of being offered a unit: (state number)
- ☐ When families are within a certain time of being offered a unit: (state time)
- ☒ Other: Immediately after application (describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- ☒ Criminal or Drug-related activity
- ☒ Rental history
- ☒ Housekeeping
- ☐ Other (describe)

- c. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2)Waiting List Organization

- a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- ☒ Community-wide list
- ☐ Sub-jurisdictional lists
- ☐ Site-based waiting lists
- ☐ Other (describe)

- b. Where may interested persons apply for admission to public housing?

- ☒ PHA main administrative office
- ☐ PHA development site management office
- ☐ Other (list below)

- c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?

If yes, how many lists?

3. ☐ Yes ☐ No: May families be on more than one list simultaneously

If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- ☐ PHA main administrative office
- ☐ All PHA development management offices

- ☐ Management offices at developments with site-based waiting lists
- ☐ At the development to which they would like to apply
- ☐ Other (list below)

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- ☐ One
- ☒ Two
- ☐ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

a. Income targeting:

- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- ☐ Emergencies
- ☒ Overhoused
- ☐ Underhoused
- ☒ Medical justification
- ☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
- ☐ Resident choice: (state circumstances below)
- ☒ Other: (list below)
Designated housing

c. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☒ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans’ families
- ☐ Residents who live and/or work in the jurisdiction
- ☒ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☒ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

1 Date and Time

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1 Victims of domestic violence
- Substandard housing

Homelessness
High rent burden

Other preferences (select all that apply)

- ☒ 1 Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☒ 1 Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☒ 1 Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- ☒ The PHA applies preferences within income tiers
- ☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- ☒ The PHA-resident lease
- ☒ The PHA's Admissions and (Continued) Occupancy policy
- ☒ PHA briefing seminars or written materials
- ☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- ☐ At an annual reexamination and lease renewal
- ☒ Any time family composition changes
- ☐ At family request for revision
- ☐ Other (list)

(6) Deconcentration and Income Mixing

- a. ☒ Yes ☐ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☐ Yes ☒ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Number of Units	Explanation (if any) see step 5 at section 903.2(c)(1)(v)	Deconcentration policy (if no explanation) see step 5 at section 903.2(c)(1)(v)

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Eligibility

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- ☒ Criminal or drug-related activity only to the extent required by law or regulation
- ☐ Criminal and drug-related activity, more extensively than required by law or regulation
- ☐ More general screening than criminal and drug-related activity (list factors below)
- ☐ Other (list below)
- b. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

- c. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- ☐ Criminal or drug-related activity
- ☒ Other (describe below)
- Previous landlord information, if on file

(2) Waiting List Organization

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- ☒ None
- ☐ Federal public housing
- ☐ Federal moderate rehabilitation
- ☐ Federal project-based certificate program
- ☐ Other federal or local program (list below)
- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
- ☐ PHA main administrative office
- ☒ Other (list below)
- 29150 Carlyle (Section 8 Office)

(3) Search Time

- a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below: Medical reason prevented time to search and elderly person request.

(4) Admissions Preferences

a. Income targeting

- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent (5) Special purpose section 8 assistance programs)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☒ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☒ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☒ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☒ Victims of reprisals or hate crimes
- ☒ Other preference(s) (list below)
- Those applicants currently receiving assistance in Public housing will be housed after those applicants not currently receiving any rental assistance.

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second

priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

1 Date and Time

Former Federal preferences

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

- 1 Victims of domestic violence
Substandard housing
Homelessness
High rent burden

Other preferences (select all that apply)

- ☒ 1 Working families and those unable to work because of age or disability
☐ Veterans and veterans’ families
☐ Residents who live and/or work in your jurisdiction
☒ 1 Those enrolled currently in educational, training, or upward mobility programs
☐ Households that contribute to meeting income goals (broad range of incomes)
☐ Households that contribute to meeting income requirements (targeting)
☒ 1 Those previously enrolled in educational, training, or upward mobility programs
☐ Victims of reprisals or hate crimes
☒ 4 Other preference(s) (list below)
Those applicants currently receiving assistance in public housing will be housed after those applicants not receiving any rental assistance.

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- ☒ Date and time of application
☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- ☐ This preference has previously been reviewed and approved by HUD
☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- ☒ The PHA applies preferences within income tiers
- ☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- ☒ The Section 8 Administrative Plan
- ☒ Briefing sessions and written materials
- ☐ Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- ☒ Through published notices
- ☒ Other (list below)
- Radio (Public Service Announcements)
- Cable Television (public access)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- ☐ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- ☒ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
☐ \$1-\$25
☒ \$26-\$50

2. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

See Admission And Continued Occupancy Policy, Section 11 (E) & (F)

c. Rents set at less than 30% than adjusted income

1. ☐ Yes ☒ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- ☒ For the earned income of a previously unemployed household member

- ☐ For increases in earned income
- ☐ Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:
- ☐ Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:
- ☐ For household heads
- ☐ For other family members
- ☐ For transportation expenses
- ☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families
- ☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income)
(select one)

- ☐ Yes for all developments
- ☐ Yes but only for some developments
- ☒ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- ☐ For all developments
- ☐ For all general occupancy developments (not elderly or disabled or elderly only)
- ☐ For specified general occupancy developments
- ☐ For certain parts of developments; e.g., the high-rise portion
- ☐ For certain size units; e.g., larger bedroom sizes
- ☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study
- ☐ Fair market rents (FMR)
- ☐ 95th percentile rents

- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never
- ☐ At family option
- ☐ Any time the family experiences an income increase
- ☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
- ☒ Other (list below) At anytime the family experiences an income or family composition change

g. ☐ Yes ☒ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- ☒ The section 8 rent reasonableness study of comparable housing
- ☐ Survey of rents listed in local newspaper
- ☒ Survey of similar unassisted units in the neighborhood
- ☐ Other (list/describe below)

B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based**

section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Payment Standards

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR
- ☒ 100% of FMR
- ☐ Above 100% but at or below 110% of FMR
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ The PHA has chosen to serve additional families by lowering the payment standard
- ☐ Reflects market or submarket
- ☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ Reflects market or submarket
- ☐ To increase housing options for families
- ☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☒ Annually
- ☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☒ Success rates of assisted families
- ☒ Rent burdens of assisted families

☐ Other (list below)

(2) Minimum Rent

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
☐ \$1-\$25
☒ \$26-\$50

b. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- ☒ An organization chart showing the PHA's management structure and organization is attached.
- ☐ A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	854	19/month
Section 8 Vouchers	240	41/year
Section 8 Certificates	N/A	0
Section 8 Mod Rehab	N/A	

Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	
Public Housing Drug Elimination Program (PHDEP)	854	
ROSS	151	
FIC	573	
Other Federal Programs(list individually)		
Comprehensive Grant	858	
Family Self-Sufficiency	0	

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

- (1) Public Housing Maintenance and Management: (list below)
 - Admissions and Continued Occupancy Policies
 - Maintenance Policy/Maintenance Plan
 - Financial Policies and Procedure
 - Procurement Policy/Procurement Procedure
 - Administrative Order #'s 1,2,6,12,14,18,22,26,28,30,36,and 41
- (2) Section 8 Management: (list below)
 - Section 8 Administrative Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A. Public Housing

1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)
- ☒ PHA main administrative office
 - ☐ PHA development management offices
 - ☒ Other (list below)

B. Section 8 Tenant-Based Assistance

1. ☐ Yes ☒ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)
- ☒ PHA main administrative office
 - ☒ Other (list below) Section 8 Office (for Section 8)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

A. Capital Fund Activities

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

(1) Capital Fund Program Annual Statement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

☒ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment 2

-or-

☐ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

(2) Optional 5-Year Action Plan

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. ☒ Yes ☐ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

☒ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment B

-or-

☐ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

☐ Yes ☒ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)

b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- ☐ Revitalization Plan under development
☐ Revitalization Plan submitted, pending approval
☐ Revitalization Plan approved
☐ Activities pursuant to an approved Revitalization Plan underway

☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?

If yes, list development name/s below:

☐ Yes ☒ No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?

If yes, list developments or activities below:

☐ Yes ☒ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?

If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☒ Yes ☐ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.)

2. Activity Description

- ☐ Yes ☒ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

Demolition/Disposition Activity Description
1a. Development name: LeMoyne Gardens & Demby Terrace
1b. Development (project) number: MI27-1, MI27-2 & MI27-3
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>10/15/01</u>
5. Number of units affected: 33
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: 07/01/02 b. Projected end date of activity: 03/31/03

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☒ Yes ☐ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937

(42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

☐ Yes ☒ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

Designation of Public Housing Activity Description
1a. Development name: Twin Towers
1b. Development (project) number: MI 27-4
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>10/15/01</u>
5. If approved, will this designation constitute a (select one) <input checked="" type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously approved Designation Plan?
6. Number of units affected: 200
7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

Conversion of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway	
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units	

☐ Other: (describe below)

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

Public Housing Homeownership Activity Description

(Complete one for each development affected)	
1a. Development name:	
1b. Development (project) number:	
2. Federal Program authority:	
<input type="checkbox"/>	HOPE I
<input type="checkbox"/>	5(h)
<input type="checkbox"/>	Turnkey III
<input type="checkbox"/>	Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one)	
<input type="checkbox"/>	Approved; included in the PHA's Homeownership Plan/Program
<input type="checkbox"/>	Submitted, pending approval
<input type="checkbox"/>	Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)	
5. Number of units affected:	
6. Coverage of action: (select one)	
<input type="checkbox"/>	Part of the development
<input type="checkbox"/>	Total development

B. Section 8 Tenant Based Assistance

1. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

- ☐ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☐ 25 or fewer participants
☐ 26 - 50 participants

- ☐ 51 to 100 participants
☐ more than 100 participants

b. PHA-established eligibility criteria

- ☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria? If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

- ☐ Yes ☒ No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- ☒ Client referrals
☒ Information sharing regarding mutual clients (for rent determinations and otherwise)
☒ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
☐ Jointly administer programs
☐ Partner to administer a HUD Welfare-to-Work voucher program
☐ Joint administration of other demonstration program
☐ Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☒ Public housing rent determination policies
- ☒ Public housing admissions policies
- ☒ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families
- ☒ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☐ Preference/eligibility for public housing homeownership option participation
- ☐ Preference/eligibility for section 8 homeownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

- ☐ Yes ☒ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: 12/31/00)
Public Housing	N/A	N/A
Section 8	25	0

- b. ☒ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?
If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- ☒ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
 - ☒ Informing residents of new policy on admission and reexamination
 - ☒ Actively notifying residents of new policy at times in addition to admission and reexamination.
 - ☒ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
 - ☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
 - ☐ Other: (list below)

D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8
Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

A. Need for measures to ensure the safety of public housing residents

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- ☒ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- ☐ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- ☒ Residents fearful for their safety and/or the safety of their children
- ☐ Observed lower-level crime, vandalism and/or graffiti
- ☒ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- ☐ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☐ Safety and security survey of residents
- ☐ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☒ Resident reports
- ☒ PHA employee reports
- ☒ Police reports
- ☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- ☐ Other (describe below)

2. Which developments are most affected? (list below)

Lemoyne Gardens, Canterbury West, Demby Terraces, Parkside Estate, Twin Towers

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- ☒ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- ☒ Crime Prevention Through Environmental Design
- ☐ Activities targeted to at-risk youth, adults, or seniors
- ☒ Volunteer Resident Patrol/Block Watchers Program
- ☒ Other (describe below)
Police Services over and above baseline

2. Which developments are most affected? (list below)

Lemoyne Gardens, Canterbury West, Demby Terraces, Parkside Estate, Twin Towers

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☒ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- ☒ Police provide crime data to housing authority staff for analysis and action
- ☒ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- ☒ Police regularly testify in and otherwise support eviction cases
- ☒ Police regularly meet with the PHA management and residents
- ☒ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- ☐ Other activities (list below)

3. Which developments are most affected? (list below)

Lemoyne Gardens, Canterbury West, Demby Terraces, Parkside Estate, Twin Towers

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- ☐ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- ☐ Yes ☐ No: Has the PHA included the PHDEP Plan for FY 2002 in this PHA Plan?

☐ Yes ☐ No: This PHDEP Plan is an Attachment. (Attachment Filename:

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

See attachment filename mi027e01

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?
(If no, skip to component 17.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☐ Yes ☒ No: Were there any findings as the result of that audit?
4. ☐ Yes ☒ No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain?_____
5. ☒ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. ☐ Yes ☒ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
☐ Not applicable
☐ Private management

- ☐ Development-based accounting
- ☐ Comprehensive stock assessment
- ☐ Other: (list below)

3. ☐ Yes ☐ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

- ☐ Attached at Attachment (File name)
- ☒ Provided below:

A. Resident Advisory Board Recommendations

No recommendations were given by Advisory Board concerning the Agency Plan for Fiscal Year 2001.

Advisory Board meeting Information

The Advisory Board asked the following questions:

1. How are scheduled units for demolition being determined, was consideration given to the total number of families living in public housing?

Ans. Units that were damaged beyond repair due to fires, units that are not marketable for many years (zero-bedroom).

2. How will families be determined for assigning handicapped accessible units?

Ans. Families that have medical documentation.

3. How many units will be renovated to meet Section 504 requirements in Public Housing?

Ans. A total of twenty tow additional units for a total of forty-three.

Advisory Board Statement: The facts that you here at this meting are better than what you hear from other people in the City.

3. In what manner did the PHA address those comments? (select all that apply)

- ☒ Considered comments, but determined that no changes to the PHA Plan were necessary.
- ☐ The PHA changed portions of the PHA Plan in response to comments
List changes below:
- ☐ Other: (list below)

B. Description of Election process for Residents on the PHA Board

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2. ☐ Yes ☒ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

- ☐ Candidates were nominated by resident and assisted family organizations
- ☐ Candidates could be nominated by any adult recipient of PHA assistance
- ☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
- ☐ Other: (describe)

b. Eligible candidates: (select one)

- ☐ Any recipient of PHA assistance
- ☐ Any head of household receiving PHA assistance
- ☐ Any adult recipient of PHA assistance
- ☐ Any adult member of a resident or assisted family organization
- ☐ Other (list)

c. Eligible voters: (select all that apply)

- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- ☐ Representatives of all PHA resident and assisted family organizations
- ☐ Other (list)

C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) State of Michigan FFY 2000
Wayne County, Michigan FFY 2001- present.
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
 - ☐ Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The City of Inkster's Community Development Department joined the Wayne County Government Consolidated Plan Strategy after the Annual Action Plan for 2000-2002 was developed for local communities in Wayne County, MI.

D. Other Information Required by HUD

19. Definition of "Substantial Deviation" and "Significant

Amendment or Modification”

The Inkster Housing Commission has defined “Substantial Deviation” and “Significant Amendment or Modification” as they relate to the Agency Plan as follows:

“Substantial Deviation(s)” from the 5-year Action Plan shall be explained in the Annual Plan for the period in which they occur and shall include:

- any change to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items when dollar amounts exceed 10% of Capital Fund Budget or the amount of replacement reserve funds that exceed 10% of the annual Capital Fund Budget;
- additions of new activities not included in the current PHDEP Plan;
- and any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

“Significant Amendment or Modification” of the Annual Plan means

- any change to rent or admissions policies or organization of the waiting list;
 - additions of non-emergency work items when dollar amount exceed 10% of Capital Fund Budget or the amount of replacement reserve funds that exceed 10% of the annual Capital Fund Budget;
 - additions of new activities not included in the current PHDEP Plan;
- and any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

Use this section to provide any additional information requested by HUD.

Resident member of the Board Of Commissioners:

**Ms. Willie G. Reed
30238 Carlyle
Inkster, Mi 48141**

Resident Advisory Board Members:

**James Orr Jr.
Robert Strozier
Patricia Sealie
Cornell Gulatt
Debbie Turner
Willynda Smith**

Voluntary Conversion Assessment

The initial assessment of converting the public housing stock to tenant-based assistance is inappropriate for Inkster Housing Commission for the following reasons:

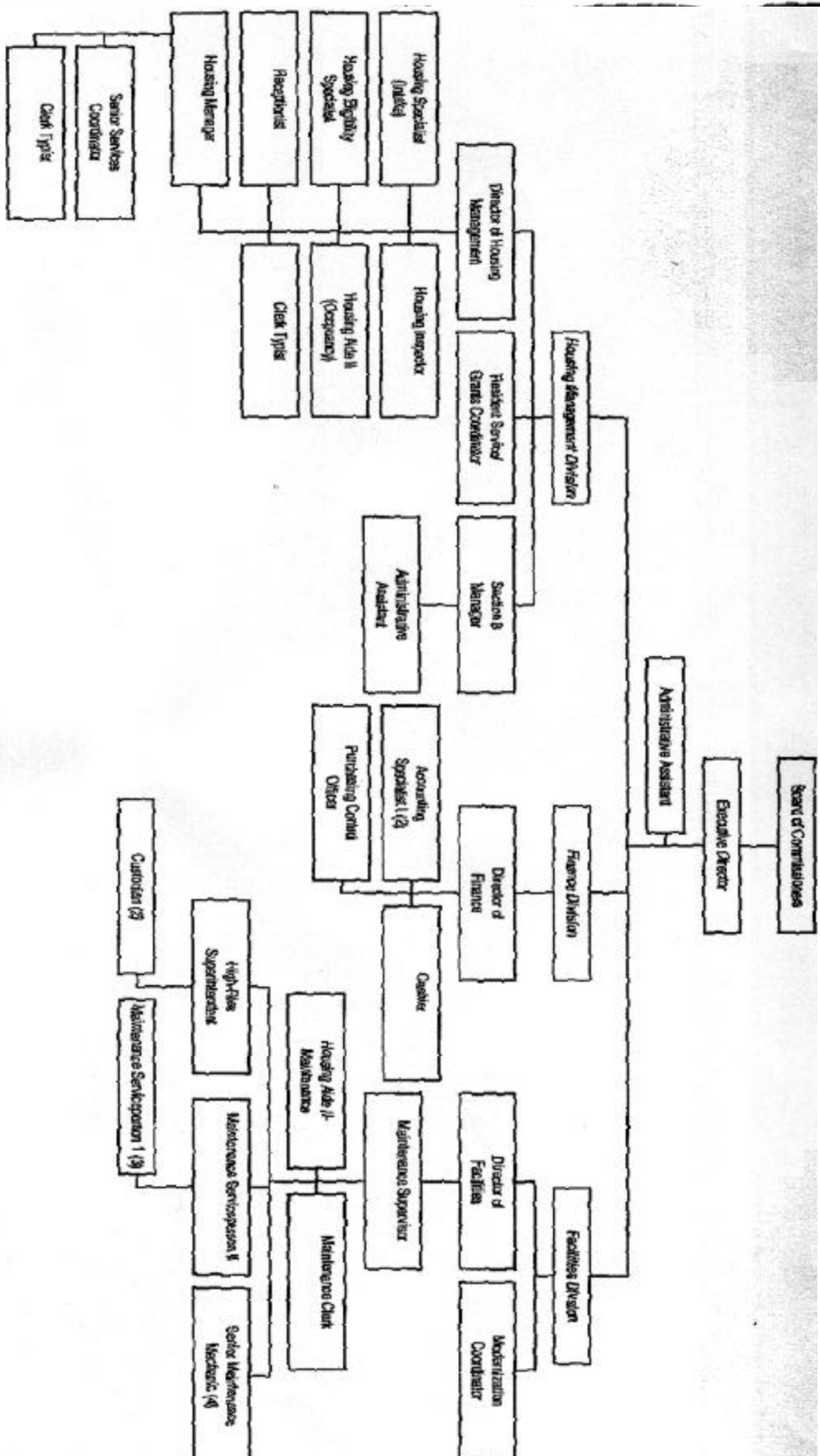
The city of Inkster Community Development Department currently provides low-interest loans to first time homebuyers if they purchase newly built homes from the city of Inkster.

Secondly, Housing Choice Vouchers if provided to public housing residents would be ported to surrounding cities that have rental properties that meet their needs.

INKSTER HOUSING COMMISSION					
INCOME DISTRIBUTION BY DEVELOPMENT					
DEVELOPMENT	NUMBER OF UNITS	TOTAL INCOME	AVG INCOME	\$ ABOVE MINIMUM	\$ BELOW MAXIMUM
LEMOYNE 1	200	\$ 1,091,496	\$ 7,687	\$ 1,262	\$ 7,429
LEMOYNE 2	100	\$ 629,911	\$ 7,960	\$ 1,536	\$ 7,156
DEMBY	200	\$ 1,185,357	\$ 8,119	\$ 1,695	\$ 6,997
TWIN TOWERS	200	\$ 686,640	\$ 7,626	\$ 1,202	\$ 7,490
CANTEBURY	24	\$ 174,741	\$ 7,943	\$ 1,519	\$ 7,173
PARKSIDE	134	\$ 836,595	\$ 6,914	\$ 490	\$ 8,202
TOTAL	858	\$ 4,595,440	\$ 7,558	\$6,424 **	\$ 8,692 ***

**** 85% OF AVERAGE INCOME**

*****115% OF AVERAGE INCOME**



Attachments

Use this section to provide any additional attachments referenced in the Plans.

Attachment 1(a)

The following Community Services and Economic Self-sufficiency Requirement is an excerpt from the Admissions and Continued Occupancy Policy (ACOP)

Community Services and Economic Self-sufficiency Requirement

The 1998 Act adds a new requirement for non exempt residents of public housing. Each nonexempt adult (eighteen years of age or older) resident must contribute eight (8) hours for each month of community service or participate in a self-sufficiency program for 8 hours in each month. Community service is service for which the individual volunteers. Self-Sufficiency Participation in self-sufficiency activities can satisfy part or all of a resident's requirement to perform community service. A non exempt adult public housing resident may participate in an economic self-sufficiency program for 8 hours in each month. The 1998 Act defines economic self-sufficiency program to include activities that are designed to encourage, assist, train or facilitate economic independence. It is the policy of the Housing Authority (HA) to promote this requirement.

A. Approved community services and economic self-sufficiency activities.

Each year, the IHC shall, with the assistance of the resident organization (s), look at a broad range of self-sufficiency and community service activities. A list of acceptable self-sufficiency and community service activities shall be posted at the IHC office.

B. Exemptions to the requirement for community services and economic self-sufficiency.

These include adults who are 62 years of age or older, persons with disabilities, persons engaged in work activities (as defined by section 407(d) of the Social Security Act), and persons participating in a welfare to work program, or receiving assistance from and in compliance with a State program funded under part A, title IV of the Social Security Act. (For purposes of the community service requirement, an adult is a person 18 years or older.)

Persons eligible for a disability deduction are not necessarily automatically exempt from the community service, economic self-sufficiency requirement. The 1998 Act defines "disability" very narrowly for the purpose of the community service requirement. Further, the Act states that a person is exempt only to the extent the disability makes the person "unable to comply" with the community service requirement. The IHC shall ensure that the community service and self-sufficiency programs are accessible to persons with disabilities.

Families who pay flat rent, live in public housing units within market rate developments, or families who are over income when they initially occupy a public housing unit are not automatically exempt.

C. Determining and documenting residents' exemptions

The IHC shall verify an adult's exemption status upon admissions and annually. An individual exempt by being over 62 years in age would need verification. The IHC shall document all exemptions for the resident's file. The IHC shall follow the same standards of documentation for exemptions as it does for other verifications.

D. Changing exemption status.

A resident is permitted to change exemption status during the year if his/her situation changes. Unemployed residents, for example, shall be able to request a determination of exemption if they find work or start a training program. Persons eligible for a disability deduction are not necessarily automatically exempt from the community service, economic self-sufficiency requirement.

E. Community Services Lease Requirements.

Under the 1998 Act, public housing leases must have 12 month terms. The lease must be automatically renewable except for noncompliance with the community service requirements. The public housing lease also must provide for termination and eviction for noncompliance with the community service requirements. The IHC shall implement this provision for each family at the family's next regularly scheduled annual reexamination on or after October 1, 1999, and for families admitted after October 1, 1999. The IHC may not renew or extend the lease if a household contains a nonexempt adult who has failed to comply with the community service requirement.

F. Documentation

Documentation must be provided to verify the community service requirements. The documentation shall be placed in the resident's file at the time of reexamination.

G. Noncompliance

The IHC shall determine, on an annual basis, if non-exempt residents are in compliance. The IHC shall permit noncompliant families to cure the noncompliance by requiring the noncompliant adult and the head of household to sign an agreement to make up the hours needed within the next 12 month period. Continued noncompliance will result in eviction of the entire family, unless the noncompliant family member is no longer a part of the household.

Use this section to provide any additional information requested by HUD.

**PHA Plan
Table Library
ATTACHMENT 1(a)**

**Component 7
Capital Fund Program Annual Statement
Parts I, II, and II**

Annual Statement

Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number FFY of Grant Approval: (01/2002)

☐ Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	92,502
3	1408 Management Improvements	
4	1410 Administration	63,500
5	1411 Audit	
6	1415 Liquidated Damages	100,000
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	1,660,026
11	1465.1 Dwelling Equipment-Nonexpendable	45,000
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2-19)	1,916,028
21	Amount of line 20 Related to LBP Activities	

22	Amount of line 20 Related to Section 504 Compliance	16,000
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

Annual Statement

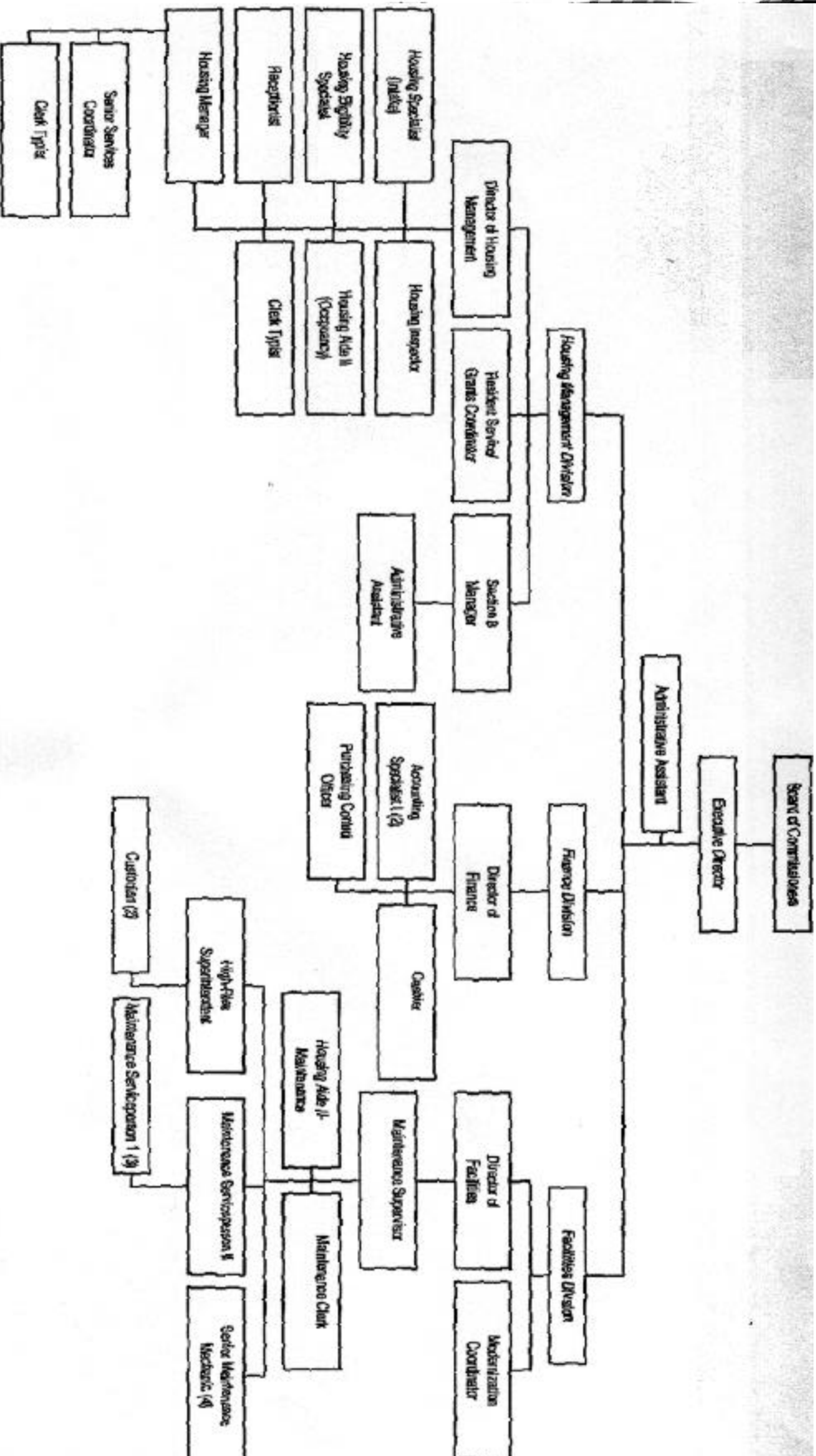
Capital Fund Program (CFP) Part II: Supporting Table 2001

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
MI 27-3	Renovate units/mobility accessible	1460	16,000
MI 27-4	Renovate North Tower & mechanical air-Condition work	1460	1,644,026
MI 27-4	New appliances	1465.1	45,000
PHA WIDE	Operation:	1406	92,502
PHA WIDE	Administration portion of salaries to administrate and monitor the program: Executive Director Director of Finance Director of Facilities Director of modernization Estate Manager Fringe Benefits	1410	63,500
PHA WIDE	Fees and Costs Architect Development Plan & Specifications: Supervision of bidding process and draw approval. Environmental Review (City of Inkster)	1430	100,000
Total			1,916,028

Annual Statement
Capital Fund Program (CFP) Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
MI 27-3 Renovate units/mobility accessible	07/01/02	05/31/03
MI 27-4 Renovation North n Tower & mechanical air- condition work	07/01/02	05/31/03
PHA WIDE Administration	07/01/02	05/31/03
Fees and Costs	07/01/02	05/31/03
Operation	07/01/02	05/31/03

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Operating Budget

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-0026 (exp. 10/31/97)

a. Type of Submission <input checked="" type="checkbox"/> Original Revision No.: _____		b. Fiscal Year Ending DEC. 31, 2002		c. No. of months (check one) <input checked="" type="checkbox"/> 12 mo. Other (specify) _____		d. Type of HUD assisted project(s) 01 <input checked="" type="checkbox"/> PHA/IHA Owned Rental Housing 02 _____ IHA Owned Mutual Help Homeownership 03 _____ PHA/IHA Leased Rental Housing 04 _____ PHA/IHA Owned Turnkey III Homeownership 05 _____ PHA/IHA Leased Homeownership	
e. Name of Public Housing Agency/Indian Housing Authority (PHA/IHA) INKSTER HOUSING COMMISSION							
f. Address (city, state, zip code) 4500 INKSTER RD., INKSTER, MI 48141							
g. ACC Number C-3015		h. PAS/LOCCS Project No. MI 27/1-6		i. HUD Field Office DETROIT			
j. No. of D.Units 854		k. No. of Unit Mos. Avail. 10,248		m. No. of Projects six			
Line No.	Acct. No.	Description (1)	Actuals Last FY PUM (2)	Estimates Current Budget PUM (3)	Requested Budget Estimates		
					PHA/IHA Estimates		HUD Modifications
					PUM (4)	(to nearest \$10) (5)	(to nearest \$10) (7)
Homebuyers Monthly Payments for:							
010	7710	Operating Expense					
020	7712	Earned Home Payments					
030	7714	Nonroutine Maintenance Reserve					
040	Total	Break-Even Amount (sum of lines 010, 020 and 030)					
050	7716	Excess (or deficit) in Break-Even					
060	7790	Homebuyers Monthly Payments - Contra					
Operating Receipts							
070	3110	Dwelling Rental			125.29	1,284,000	
080	3120	Excess Utilities			1.95	20,000	
090	3190	Nondwelling Rental			4.88	50,000	
100	Total	Rental Income (sum of lines 070, 080 and 090)			132.12	1,354,000	
110	3610	Interest on General Fund Investments			0.98	10,000	
120	3690	Other Income			5.85	60,000	
130	Total	Operating Income (sum of lines 100, 110 and 120)			138.95	1,424,000	
Operating Expenditures - Administration:							
140	4110	Administrative Salaries			53.12	544,400	
150	4130	Legal Expense			2.93	30,000	
160	4140	Staff Training			1.95	20,000	
170	4150	Travel			0.78	8,000	
180	4170	Accounting Fees			1.90	19,500	
190	4171	Auditing Fees			0.49	5,000	
200	4190	Other Administrative Expenses			19.02	194,900	
210	Total	Administrative Expense (sum of line 140 thru line 200)			80.19	821,800	
Tenant Services:							
220	4210	Salaries			2.93	30,000	
230	4220	Recreation, Publications and Other Services			0.12	1,200	
240	4230	Contract Costs, Training, Other			0.00		
250	Total	Tenant Services Expense (sum of lines 220, 230 and 240)			3.04	31,200	
Utilities:							
260	4310	Water			48.79	500,000	
270	4320	Electricity			26.35	270,000	
280	4330	Gas			20.49	210,000	
290	4340	Fuel					
300	4350	Labor					
310	4390	Other utilities expense					
320	Total	Utilities Expense (sum of line 260 thru line 310)			95.63	980,000	

form HUD-52564 (3/95)

Previous editions are obsolete

Page 1 of 3

ref. Handbook 7475.1

Name of PHA/IHA INKSTER HOUSING COMMISSION				Fiscal Year Ending DEC. 31, 2002				
Line No.	Acct. No.	Description (1)	Actuals Last FY PUM (2)	Estimates Current Budget PUM (3)	Requested Budget Estimates			
					PHA/IHA Estimates		HUD Modifications	
					PUM (4)	(to nearest \$10) (5)	PUM (6)	(to nearest \$10) (7)
Ordinary Maintenance and Operation:								
330	4410	Labor			48.69	498,980		
340	4420	Materials			14.64	150,000		
350	4430	Contract Costs			58.16	596,000		
360		Total Ordinary Maintenance & Operation Expenses (line 330 to 350)			121.49	1,244,980		
Protect Services:								
370	4460	Labor						
380	4470	Materials						
390	4480	Contract Costs						
400		Total Protective Services Expense (sum of lines 370 to 390)						
General Expense:								
410	4510	Insurance			22.54	231,000		
420	4520	Payments in Lieu of Taxes			3.65	37,400		
430	4530	Terminal Leave Payments			0.00			
440	4540	Employee Benefit Contributions			39.60	405,830		
450	4570	Collection Losses			7.32	75,000		
460	4590	Other General Expenses: Simmons Center			1.46	15,000		
470		Total General Expense (sum of lines 410 to 460)			74.57	764,230		
480		Total Routine Expense (sum of lines 210,250,320,360,400 & 470)			374.92	3,842,210		
Rent for Leased Dwellings:								
490	4710	Rents to Owners of Leased Dwellings						
500		Total Operating Expense (sum of lines 480 and 490)			374.92	3,842,210		
Nonroutine Expenditures:								
510	4610	Extraordinary Maintenance			0.00			
	4620	Casualty Losses			4.88	50,000		
520	7520	Replacement of Nonexpendable Equipment			0.00			
530	7540	Property Betterments and Additions			0.00			
540		Total Nonroutine Expenditures (sum of lines 510,520 and 530)			4.88	50,000		
550		Total Operating Expenditures (sum of lines 500 and 540)			379.80	3,892,210		
Prior Year Adjustments:								
560	6010	Prior Year Adjustments Affecting Residual Receipts						
Other Expenditures:								
570		Deficiency in Residual Receipts at End of Preceding Fiscal Yr.						
580		Total Operating Expenditures, including prior year adjustments and other expenditures (line 550 plus or minus line 570)			379.80	3,892,210		
590		Residual Receipts (or Deficit) before HUD Contributions and provision for operating reserve (line 130 minus line 580)			(240.85)	(2,468,210)		
HUD Contributions:								
600	8010	Basic Annual Contribution Earned - Leased Projects Current Year						
610	8011	Prior Year Adjustments - (Debit) Credit						
620		Total Basic Annual Contribution (line 600 plus or minus line 610)						
630	8020	Contributions Earned - Op.Sub.:Cur.Yr.(before yr.end adj)			237.12	2,430,000	estimated	
640		Mandatory PFS Adjustments (net):						
650		Other (specify): Other Income Incentive Adj.						
660		Other (specify): 2001 Capital Fund, line 1406			18.05	185,003	per CFP Annual Statement	
670		Total Year-end Adjustments/Other (plus or minus lines 640 thru 660)						
680	8020	Total Operating Subsidy-current year (line 630 plus or minus line 670)						
690		Total HUD Contributions (sum of lines 620 and 680)			255.17	2,615,003		
700		Residual Receipts (or Deficit) (sum of line 590 plus line 690)						
		Enter here and on line 810			14.32	146,793		

Name of PHA/IHA INKSTER HOUSING COMMISSION	Fiscal Year Ending DEC. 31, 2002
--	--

		Operating Reserve	PHA/IHA Estimates	HUD Modifications
		Part I - Maximum Operating Reserve - End of Current Budget Year		
740	2821	PHA/IHA-Leased Housing - Section 23 or 10(c) 50% of Line 480, column 5, form HUD-52564	1,921,105	

		Part II - Provision for and Estimated and Actual Operating Reserve at Fiscal Year End		
780		Operating Reserve at End of Previous Fiscal year - Actual for FYE (date): 12/31/00	181,107	
790		Provision for Operating Reserve - Current Budget Year (check one) <input checked="" type="checkbox"/> Estimated for FYE Dec-01 <input type="checkbox"/> Actual for FYE	235,215	per budget revision #1
800		Operating Reserve and end of Current Budget Year (check one) <input checked="" type="checkbox"/> Estimated for FYE 12/31/01 <input type="checkbox"/> Actual for FYE	416,322	
810		Provision for Operation Reserve - Requested Budget Year Estimated for FYE Enter Amount from line 700	146,793	
820		Operating Reserve at End of Requested Budget Year Estimated for FYE (Sum of lines 800 and 810)	563,115	
830		Cash Reserve Requirement - <u>15</u> % of line 480	576,332	

Comments:

PHA/IHA Approval

Name Tony L. Love

Title Executive Director

Signature _____ Date _____

Field Office Approval

Name _____

Title _____

Signature _____ Date _____

Federal Transactions

OFFICE OF PUBLIC AND INDIAN HOUSING

Applicant
Name

INKSTER HOUSING COMMISSION
Program/Activity Receiving Federal Grant
Funding

PUBLIC HOUSING AGENCY PLAN - FFY 2002

The undersigned certifies, to the best of his or her knowledge and belief, that:

1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to my person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of my cooperative agreement, and the extension, continuation, renewal, amendment, or modification of my Federal contract, grant, loan, or cooperative agreement.
(2) If my funds other than Federal appropriated funds have been paid or will be paid to my person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to certify and disclose information as required by this section shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Title

Name of Authorized Official

TONY L. LOVE
Signature

EXECUTIVE DIRECTOR

10/12/01

X
Previous edition is obsolete

for, HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7465.1 to 7473.3

Drug-Free Workplace

Applicant Name

INKSTER HOUSING COMMISSION

Program/Activity Receiving Federal Grant Funding

PUBLIC HOUSING AGENCY PLAN - FY 2002

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees --

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will -

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Site for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here 11 if there are workplaces on file that are not identified on the attached sheets,

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

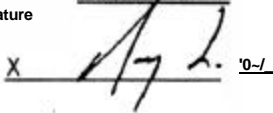
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

-TONY J. LOVE

Signature

X  10-1

tie

EXECUTIVE DIRECTOR

1
Date

10/12/01

form HUD-50070 (3198)

ref. Handbooks 7417.1, 7475.13, 7486.1 & 3

CAPITAL FUND PROGRAM TABLES

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:Summary					
PHA Name: <div>INKSTER HOUSING COMMISSION</div>		Grant Type and Number Capital Fund Program Grant No: 14128 P027 70899 Replacement Housing Factor Grant No:			Federal FY of Grant: 1999
EI	Original Annual Statement[] Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
I	Total non-CFP Funds				
2	1406 Operations	115,000	119,000	53,605	52,655
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	14 10 Administration	55,000	63,500	63,500	63,500
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	100,000	95,000	92,137	56,425
8	1440 Site Acquisition				
9	1450 Site Improvement	100 000	260,010	154,673	-0
10	1460 Dwelling Structures	1,265,200	1, 052,19 1	1,149,900	-0
11	1465.1 Dwelling Equipment-Nonexpendable,				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	-0-	45,999	45,999	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: INKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No: M128 P027 70899 Replacement Housing Factor Grant No:			Federal FY of Grant: 1999
	Original Annual Statement Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: 0 Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines)	1,635,700	1,635,700	1,559,814	172,533
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security -Soft Costs				
	Amount of Line XX related to Security- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

mi027f03

CAPITAL FUND PROGRAM TABLES START HERE

AS OF: 06/30/00

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: INKSTER HOUSING COMISSION		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:		Federal FY of Grant: 1998	
[:]Original	Annual Statement Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: 0 Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs	4,983	2,234	2,234	2,234
	Management Improvements Hard Costs				
4	14 10 Administration	42,800	45,549	42,800	42,800
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	101,299	122,805	86,175	68,988
8	1440 Site Acquisition				
9	1450 Site Improvement	64,000	70,000	-0-	-0-
10	1460 Dwelling Structures	1,204,375	1,176,869	30,121	30,121
11	1465.1 Dwelling Equipment -Nonexpendable,				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPMF) Part 1: Summary

PHA Name: INKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 1998
Original	Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines	1,417,457	1,417,457	161 , 330	144 , 143
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security -Soft Costs				
	Amount of Line XX related to Security- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: INKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No: M128 P027 70798 Replacement Housing Factor Grant No:			Federal FY of Grant: 1998
Original	Annual Statement Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs	4,983	2,234	2,234	2,234
	Management Improvements Hard Costs				
4	1410 Administration	42,800	45,549	45,549	42,800
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	101,299	122,805	122,805	98,406
8	1440 Site Acquisition				
9	1450 Site Improvement	64,000	70,000	70,000	70,000
10	1460 Dwelling Structures				
11	1465 . 1 Dwelling Equipment -Nonexpendable	1,204,375	1,176,869	1,176,869	1,154,946
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: INKSTER HOUSING COM14ISSION		Grant Type and Number Capital Fund Program Grant No: M128 P027 70899 Replacement Housing Factor Grant No:			Federal FY of Grant: 1999
El	Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: [:]Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines	1 , 6 3 5 . 7 0 0	1 , 6 3 5 , 7 0 0	5 5 , 5 0 0	- 0 -
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security -Soft Costs				
	Amount of Line XX related to Security- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				

Mi027f03

As Of 06/30/00

Annual Statement/Performance and Evaluation Report
 Capital Fund Program and Capital Fund Program
 Replacement Housing Factor (CFP/CFPRHF) Part 1:
 Summary

PHA Name: INKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No: M128 P027 50101 Replacement Housing Factor Grant No:			eral FY of Grant: 2000
EI	Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: EI Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	92,502		-0-	-0-
2	1406 Operations	12,000		-0-	-0-
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	63,500		-0-	-0-
5	1411 Audit				
6	1415 Liquidated Damages	95,000		-0-	-0-
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,219,529		-0-	-0-
11	1465.1 Dwelling Equipment-Nonexpendable	300,000		-0-	-0-
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	58,000		-0-	-0-
14	1485 Demolition	9,500		-0-	-0-
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: INKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No: M128 PO 2750101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original	Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report)				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19 -	1502 Contingency				
	Amount of Annual Grant: (sum of lines)	1,850,031		-0-	-0-
	Amount of line XX Related to LBP Activities				
	Amount of line Y-X Related to Section 504 compliance	20-000		-0-	-0-
	Amount of line XX Related to Security -Soft Costs				
	Amount of Line XX related to Security- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateral ization Expenses or Debt Service				

Mi027f03

As Of 06/30/01

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: NKSTER HOUSING COMMISSION	Grant Type and Number Capital Fund Program Grant No: N128 P027 50101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original	Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Total non-CFP Funds	92,502		92,502	-0-
2	1406 Operations	12,000		12,000	12,297
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	63,500		63,500	-0-
5	1411 Audit				
5	1415 Liquidated Damages	95,000		-0-	-0-
7	1430 Fees and Costs				
3	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,219,529		69,090	60,436
11	1465.1 Dwelling Equipment----Nonexpendable	300,000		-0-	-0-
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	58,000		28,000	-0-
14	1485 Demolition	9,500		-0-	-0-
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495 Relocation Costs				
18	1499 Development Activities				

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

HA Name: JNKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No: M128 PO 2750101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
Original	Annual Statement[:] Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 0 Performance and Evaluation Report for Period Ending: 0 Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
1	1502 Contingency				
	Amount of Annual Grant: (sum of lines)	1,850,031		265,092	72,733
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance	20,000		-	-0-
	Amount of line XX Related to Security -Soft Costs				
	Amount of Line XX related to Security- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateral ization Expenses or Debt Service				

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that This information is required by Section 6(c)(4) of the U.S. Housing Act of 1937. The information is the operating budget for the low-income housing program and provides a summary of proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the PHA and the amounts are reasonable and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lend itself to confidentiality

Acting on behalf of the Board of Commissioners of the below -named Public Housing Agency (PHA)/Indian Housing Authority (IHA), as its Chairman, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the Board's approval of (check one or more as applicable):

(date)

Operating Budget Submitted on:

10/10/01

Operating Budget Revision Submitted on:

Calculation of Performance Funding System Submitted on:

Revised Calculation of Performance Funding System Submitted on:

I certify on behalf of the: (PHA/IHA Name) that: Inkster_Housing Commission-2002

1. All regulatory and statutory requirements have been met;
2. The PHA has sufficient operating reserves to meet the working capital needs of its developments;
3. Proposed budget expenditures are necessary in the efficient and economical operation of the housing for the purpose of serving low - income residents;
4. The budget indicates a source of funds adequate to cover all proposed expenditures;
5. The calculation of eligibility for Federal funding is in accordance with the provisions of the regulations;
6. All proposed rental charges and expenditures will be consistent with provisions of law;
7. The PHA/IHA will comply with the wage rate requirements under 24 CFR 968.110(e) and (f) or 24 CFR 905.120(c) and (d);
8. The PHA/IHA will comply with the requirements for access to records and audits under 24 CFR 968.110(i) or 24 CFR 905.120(g); and
9. The PHA/IHA will comply with the requirements for the reexamination of family income and composition under 24 CFR 960.209, 990.115 and 905.315.

I hereby certify that all the information stated within, as well as any information provided in the accompaniment herewith, is true and accurate.

Board Chairman's Name

(type)

Signature

Date

Certification by State or Local Official of PHA Plans Consistency with the Consolidated
Plan

I, Edward H. McNamara the Wayne County Executive certify
that the Five Year and Annual PHA Plan of the Inkster Housing Commission is
consistent with the Consolidated Plan of Wayne County prepared
pursuant to 24 CFR Part 9 1.

Signed / Dated by Appropriate State or Local Official

ATTACHMENT mi027e02

SUMMARY OF PET POLICY

The Pet Ownership Policy was adopted in relationship to the agency's intent to provide a decent, safe and sanitary living environment for all tenants to protect and preserve the physical condition of the property.

If the agency refuse to register a pet, a written notification will be sent to the pet owner stating the reason for denial and shall be served in accordance with HUD Notice requirements. The Notice of refusal may be combined with a Notice of a Pet Violation.

Pet rules applied to animals who assist persons with disabilities. To be eligible for the reduced pet deposit for disabled resident owners, must certify: That the animal actually assists the person with the disability.

Tenants are not permitted to have more than one type of pet. If an approved pet gives birth to a litter, the resident must remove all pets from the premises except one.

Residents shall not alter their unit, patio, premises or common areas to create an enclosure for any animal.

CAPITAL FUND PROGRAM TABLES

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Inkster Housing Commission		Grant Type and Number Capital Fund Program Capital Fund Program Grant No: MI28 P02750102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	92,502			
3	1408 Management Improvements				
4	1410 Administration	63,500			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	100,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,660,026			
11	1465.1 Dwelling Equipment—Nonexpendable	45,000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Inkster Housing Commission		Grant Type and Number Capital Fund Program Capital Fund Program Grant No: MI28 P02750102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,916,028			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	16,000			
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Inkster Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI 27P0 2750102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MI 27-3	Renovate units/mobility accessible	1460	4 units	16,000				
MI 27-4	Renovate North Tower & mechanical air-conditioning work.	1460	60 units	1,660,026				
	New appliances	1465.1	60 units	45,000				
PHA WIDE	Fees and Costs	1430		100,000				
PHA WIDE	Operation	1406		92,502				
PHA WIDE	Administration: Salaries to administrate	1410		63,500				
	And monitor the program; Exe. Director							
	Finance Director, Estate Manager,							
	Facilities Director, Modernization Director and fringe benefits							

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Inkster Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI 27P0 2750102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Inkster Housing Commission		Grant Type and Number Capital Fund Program Capital Fund Program No: MI 27P0 2750102 Replacement Housing Factor No:				Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MI 27-3							
Renovate units/mobility accessible	07/01/02			05/31/03			
MI 27-4							
New appliances	07/01/02			05/31/03			
Renovate North Tower	07/01/02			05/31/03			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Inkster Housing Commission			Grant Type and Number Capital Fund Program Capital Fund Program No: MI 27P0 2750102 Replacement Housing Factor No:			Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA WIDE							
Fees and Costs	07/01/02			05/31/03			
Operation	07/01/02			05/31/03			
Administration	07/01/02			05/31/03			

Capital Fund Program Five-Year Action Plan

Part I: Summary (PAGE 1 OF 3)

PHA Name Inkster Housing Commission				<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1 2002	Work Statement for Year 2 FFY Grant: PHA FY: 2003	Work Statement for Year 3 FFY Grant: PHA FY: 2004	Work Statement for Year 4 FFY Grant: PHA FY: 2005	Work Statement for Year 5 FFY Grant: PHA FY: 2006
	Annual Statement				
		MI 27-1	MI 27-4	MI 27-1	MI 27-1
		Install new electrical panels	Renovate units/mobility accessible	Exterior painting/rotten wood	Renovate closet doors/storm doors
		Install floor tile	Renovate South Tower & mechanical air-conditioning work	Renovate units/mobility accessible	
		Upgrade interior doors	New appliances		
		Renovate unit/mobility accessible		MI 27-2	MI 27-2
			PHA WIDE	Exterior painting/rotten wood	Renovate closet doors
		MI 27-2	Operations		MI 27-3
		Install electrical panels	Management Improvements	MI 27-3	Renovate closet doors
		Install floor tile	Administration	Install floor tiles	Bathroom renovations
		Renovate unit/mobility accessible	Fees and Costs	Upgrade interior doors/storm doors	
		Accumulation toward comprehensive roof repair			MI 27-5
					Bathroom renovation

Capital Fund Program Five-Year Action Plan

Part I: Summary (PAGE 2 OF 3)

PHA Name Inkster Housing Commission				<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA - Wide	Year 1 2002	Work Statement for Year 2 FFY Grant: PHA FY: 2003	Work Statement for Year 3 FFY Grant: PHA FY: 2004	Work Statement for Year 4 FFY Grant: PHA FY: 2005	Work Statement for Year 5 FFY Grant: PHA FY: 2006
	Annual Statement				
		MI 27-3		MI 27-4	MI 27-6
		Repair/replace sidewalks		Painting interior & common areas	Renovate closet doors
				Debt service/Twin Towers	PHA WIDE
		MI 27-6			4x4 truck/ 2x4 truck
		Interior painting of units		MI 27-5	Operation
				Painting interior	Management Improvement
		PHA WIDE			Administration
		Operation		PHA WIDE	Fees and Costs
		Management Improvement		Contingency	Collateralization/Debt services
		Administration		Operations	Contingency
		Fees and Costs		Management Improvements	
		Collateralization/Debt service		Administration	
				Fees and Costs	

Capital Fund Program Five-Year Action Plan
Part I: Summary (PAGE 3 OF 3)

PHA Name Inkster Housing Commission				<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1 2002	Work Statement for Year 2 FFY Grant: PHA FY: 2003	Work Statement for Year 3 FFY Grant: PHA FY: 2004	Work Statement for Year 4 FFY Grant: PHA FY: 2005	Work Statement for Year 5 FFY Grant: PHA FY: 2006
	Annual Statement				
CFP Funds Listed for 5-year planning		1,916,028	1,916,028	1,916,028	1,916,028
Replacement Housing Factor Funds					
Signature of Executive Director and Date			Signature of Public Housing Director Office of Native American Programs Administrator and Date		
X			X		

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages 1 Work Activities

Activities for Year 1	Activities for Year : _3_ FFY Grant: 2003 PHA FY: 2003			Activities for Year: _4_ FFY Grant: 2004 PHA FY: 2004		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	MI 27-1	Electrical Panel	75,000	MI 27-4	Renovate units/mobile accessible	15,400
Annual		Floor tile	250,000		Appliances	1,465,926
Statement		Doors	190,000			
		Renovate units/mobility accessible	8,000		Subtotal	1,526,326
		Subtotal	523,000	PHA WIDE	Operations	176,202
					Funding to support	
	MI 27-2	Electrical Panel	50,000		Seasonal employment of	
		Floor tile	125,000		Lawn services and snow	
		Renovate units/mobility accessible	8,000		Removal services.	
		Accumulation (Roofs)	250,000		Contractor labor cost to	
					Support maintenance	
		Subtotal	433,000		Operation.	
					Security services for	
	MI 27-3	Sidewalks	129,047		Elderly buildings	
		Subtotal	129,047		Subtotal	176,202
	MI 27-4	Collaterization	243,757			
		Subtotal	243,757			
Total CFP Estimated Cost						

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages 2 Work Activities

Activities for Year :__3__ FFY Grant: 2003 PHA FY: 2003			Activities for Year: _4__ FFY Grant: 2004 PHA FY: 2004		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
MI 27-6	Painting	153,475		Management Improvement	50,000
				Training for computer	
	Subtotal	153,475		System upgrade for 50 persons.	
PHA WIDE	Operations	191,602		Subtotal	50,000
	Funding to support				
	seasonal employment		PHA WIDE	Administration	63,500
	of lawn services and			Portion of salaries	
	snow removable			Executive Director	8,255
	services.			Director of Finance	8,255
	Contract labor cost to			Director of Modernization	8,255
	support maintenance			Director of Facilities	8,255
	operation			Estat e Manager	8,255
				Fringes (35%)	22,225
	Subtotal	191,602			
				Subtotal	63,500

Total CFP Estimated Cost | \$  \$

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages 3 Work Activities

Activities for Year :__3__ FFY Grant: 2003 PHA FY: 2003			Activities for Year: _4_ FFY Grant: 2004 PHA FY: 2004		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
PHA WIDE	Management Improvements	50,000	Fees and Costs		
	Computer network		Architect's Fees	100,000	
	Training, software				
	Training, internet access		Subtotal	100,000	
	Training and Public Housing Management				
	Training for 50 persons				
	Subtotal	50,000			
	Administration	63,500			
	Portion of salaries				
	Executive Director	8,255			
	Director of Finance	8,255			
	Director of Modernization	8,255			
	Director of Facilities	8,255			
	Estate manager	8,255			
	Fringes (35%)	22,225			
	Subtotal	63,500			
Total CFP Estimated Cost			\$		\$1,916,028

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages 4 Work Activities

[illegible]

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages 5 Work Activities

Activities for Year :__5__ FFY Grant: 2005 PHA FY: 2005			Activities for Year: __6_ FFY Grant: 2006 PHA FY: 2006		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
MI 27-1	Renovate units/mobile accessible	8,000	MI 27-1	Closet doors	60,000
	Painting	198,160		Storm doors	63,050
	Subtotal	206,160		Subtotal	123,050
MI 27-2	Painting	101,840	MI 27-2	Closet doors	30,000
	Renovate units/mobile accessible	8,000			
				Subtotal	30,000
	Subtotal	109,840			
			MI 27-3	Closet Doors	60,000
MI 27-3	Floor tile	240,000		Bathroom renovations	600,000
	Doors	190,000			
	Storm Doors	63,050		Subtotal	660,000
	Subtotal	493,050	MI 27-4	Collateralization South Tower	465,871
MI 27-4	Painting	25,000		Subtotal	465,871
	Collateralization	483,603			
			MI 27-5	Bathroom renovation	96,172
	Subtotal	508,603			
				Subtotal	96,172
Total CFP Estimated Cost		\$			\$

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages 6 Work Activities

Activities for Year : _5__ FFY Grant: 2005 PHA FY: 2005			Activities for Year: _6__ FFY Grant: 2006 PHA FY: 2006		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
MI 27-5	Painting	50,000	MI 27-6	Closet doors	7,200
	Subtotal	50,000		Subtotal	7,200
PHA WIDE	Contingency	143,273	PHA WIDE	Maintenance trucks	45,000
	Subtotal	143,273		Subtotal	45,000
	Operations	191,602		Operation	185,003
	Funding to support			Funding to support	
	seasonal employment			employment of lawn	
	of lawn services and			services and snow	
	snow removal services.			removal services.	
	Contract labor cost to			Contract labor cost to	
	support maintenance			support maintenance	
	operation. Security			operation. Security	
	services for elderly			services for elderly	
	buildings.			buildings.	
	Subtotal	191,602		Subtotal	185,003
Total CFP Estimated Cost		\$			\$

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages 7 Work Activities

Activities for Year : _5_ FFY Grant: 2005 PHA FY: 2005			Activities for Year: _6_ FFY Grant: 2006 PHA FY: 2006		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
PHA WIDE	Management Improvements	50,000	PHA WIDE	Management Improvements	50,000
	Update training for (15) maintenance staff.			Certification training	
	Public housing software system conversion			For Program Directors	
	training for 30 persons			And managers. Hope	
				VI training for Executive Director	
				And management staff.	
	Subtotal	50,000		Subtotal	50,000
	Administration	63,500		Administration	63,500
	Portion of salaries			Portion of salaries	
	Executive Director	8,255		Executive Director	8,255
	Director of Finance	8,255		Director of Finance	8,255
	Director of Modernization	8,255		Director of Modernization	8,255
	Director of Facilities	8,255		Director of Facilities	8,255
	Estate manager	8,255		Estate manager	8,255
	Fringes (35%)	22,225		Fringes (35%)	22,225
	Subtotal	63,500		Subtotal	63,500
Total CFP Estimated Cost		\$			\$

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages 8 Work Activities

Activities for Year : __5__ FFY Grant: 2005 PHA FY: 2005			Activities for Year: __6__ FFY Grant: 2006 PHA FY: 2006		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
Fees and Costs			PHA WIDE	Fees and Costs	
Architect's Fees	100,000			Architect's fees	100,000
Subtotal	100,000			Subtotal	100,000
				Contingency	90,232
				Subtotal	90,232
Total CFP Estimated Cost	\$1,916,028				\$1,916,028

**PHA Plan
Table Library
ATTACHMENT 2(a)**

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
MI 27-1	Lemoyne Gardens	52	26.5%
Description of Needed Physical Improvements or Management Improvements			Estimated Cost
Install new electrical panels			75,000
Install floor tiles			250,000
Install interior doors			190,000
Renovate units/mobility accessible			18,000
Renovate closet doors			60,000
Renovate storm doors			63,050
Total estimated cost over next 5 years			\$656,000

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
MI 27-2	Lemoyne Gardens	20	20%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Install new electrical panels		50,000	2003
Install floor tiles		125,000	2003
Renovate units/mobility accessible		8,000	2003
Accumulate comprehensive roof repair		250,000	2003
Exterior painting/rotten wood		198,160	2005
Renovate Closet Doors		30,000	2006
Total estimated cost over next 5 years		\$161,160	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
MI 27-3	Demby Terraces	48	24%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Renovate units/mobility accessible		16,000	2002
Repair/Replace sidewalks		129,047	2003
Install floor tiles		190,000	2005
Replace interior doors		249,000	2005
Storm doors		63,050	2005
Renovate closet doors		60,000	2006
Renovate bathroom		600,000	2006
Total estimated cost over next 5 years		\$1,307,097	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
MI 27-4	Twin Towers	105	50%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Renovate (South) Tower New appliances Paint interior common areas Collateralization/Debt services Collateralization/Debt services Collateralization/Debt services			1,465,926	2004
			45,000	2004
			25,000	2005
			243,757	2003
			483,605	2005
			465,871	2006
Total estimated cost over next 5 years			\$2,729,159	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
MI 27-5	Canterbury Woods	2	12.5%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Painting interior			50,000	2005
Renovate Bathroom			96,172	2006
Total estimated cost over next 5 years			\$146,172	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
MI 27-6	Parkside Estates	9	6.3%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Interior painting			153,475	2003
Renovate bathroom			96,172	2006
Total estimated cost over next 5 years			\$249,647	